CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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e true name(s) and business address(es) of siness under the assumed business name					
Name	Complete Address				
John Schiff	3978 Morningwind Ave.				
	Boise ID 83706				
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate he name and address to which future he rrespondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West				
John Schiff	PO Box 83720 Boise ID 83720-0080				
3978 Morningwind Ave.	208 334-2301				
Boise ID 83706					
	t Phone number (optional):				

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Capacity/Title: Sole Proprietor

(see instruction # 8 on back of form)

John Schiff

Signature:_

Printed Name:

IDAMO SECRETARY OF STATE
05/26/2006 05:00
CK: 13722 CT: 200722 DH: 956772
1 0 25.00 = 25.00 ASSUM NAME # 3

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